

EXHIBIT Q

FedEx Kinko's (203) 968-8100
 980 HIGH RIDGE RD.
 Stamford, CT 06905

QTY/LIST	DISC	PRICE	AMOUNT
14	FS OVRSZ CLR BND SOFT		
10.00	0.00	10.00	140.00
14	MOUNTING BASIC PER 50 FT		
4.50	0.00	4.50	63.00

SUB	203.00	TX	12.18	TOT	215.18
			MasterCard		215.18
			CHE		0.00

XXXXXXXXXXXX569 019811

I agree to pay the above amount
 according to the card issuer agreement.
 Sign Here: X _____

CW 196 TR 493021 RG 2 09/19/04 16:41
 Visit us @ <http://www.fedexkinkos.com>

Date DUE 2/19/4	Time DUE 4:00	AM PM	Date IN 2/18/4	Time IN 2:30	AM PM	Order Taker John	Attach Here Hole Punch Here	Channel <input type="checkbox"/> Disk <input type="checkbox"/> Paper <input type="checkbox"/> E-mail <input type="checkbox"/> Web <input type="checkbox"/> FTP	If any part of the order arrived in the branch via digital means, the entire order is that channel
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Document Creation (see back)	Platform	Media	File Name	#/Pgs	Application/Version	Output Device	Preflighted	Location
		Labeled w/customer's name?	Sample print provided? Fonts & graphics included or embedded?	In this file	Supported by branch?	or B&W/Color/Oversize	Initial	Workstation
Digital Services	Windows	CD	Jaz					
	Macintosh	Floppy Disk	Zip					
	Windows	CD	Jaz					
	Macintosh	Floppy Disk	Zip					
	Windows	CD	Jaz					
	Macintosh	Floppy Disk	Zip					

Approval	Proof To Customer	Due: _____	<input type="checkbox"/> In branch <input type="checkbox"/> Deliver to customer <input type="checkbox"/> Declined	<input type="checkbox"/> Call 1st	Long-term Storage? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete Storage Agreement)
		Date _____ Time _____ Approved / Declined: _____ Customer Signature _____ Date _____	<input type="checkbox"/> Via fax/Fax #: _____		

Black & White Color Oversize Oversize Color	Copies 1 Originals 2	Size % 100% ETF RTF	Paper Code W What color paper	Page Size 8 1/2 x 11 8 1/2 x 14 11 x 17 Other 2' x 3'	Sides 1:1 1:2 2:1 2:2 as is	Collation 1 2 3 ? Need binding ? Need folds or cuts	<input type="checkbox"/> Add Header/Footer <input type="checkbox"/> Add Page # <input type="checkbox"/> Cut & Paste <input type="checkbox"/> Deskew/Despeckle <input type="checkbox"/> Imposition (N-up) <input type="checkbox"/> Mask Image <input type="checkbox"/> Merge Documents <input type="checkbox"/> Photo Enhancement <input type="checkbox"/> Shift Image <input type="checkbox"/> Text Edits (simple)
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Binding ? Need tabs	Blinding COIL COMB TAPE VELO WIRE	Spine Color BK BOOK	Cover Paper Codes Front Back	Cover Printing NPC PC PCR
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Laminating Glossy Matte UV	Pouch Size 8 1/2 x 11 8 1/2 x 14 11 x 17	Mil Trim? Y N	Mounting MNT MNT SBM Foam Gator Easel	Other 2' x 3'
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Stapling Dimensions X	Folding Dimensions	Cutting Dimensions	Drilling Dimensions	Padding Pads	Shrinkwrap Dimensions	Tabs Dimensions	Tab Font Tab Text 1. _____ 2. _____ 3. _____
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**Sub-
contract**



Local
Branch
Network



~~CPC~~

ET Lite Tracking #

Bid/Quote Sale #~~re-payment Amount~~

re-payment Receipt #

Global Tracking #



Call When 'Done'



Deliver

of Bags

of Boxes

Proof Bin #

Bin #

Payment: ☐ Credit Card ☐ Cash/Check ☐ Kinko's CAS

CAS#

PO#

[illegible]

Pre-payment (when required/requested)

[illegible]

Comments/Instructions





**Additional
Project
Folders
enclosed:**

☐ More comments/instructions on back of envelope

Contact Record	Date: _____	Notes: _____
	TM: _____	
	Date: _____	Notes: _____
	TM: _____	

Basic Order Sign-off

B/W		Color	
Initials —		Initials 	
Finishing		QC	
Initials 		Initials	

Enhance & Sample

Check if "Yes"

Offered an enhancement? What:

Sampled a product? What:	
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Sample produced by:

Delivery Address		Closest or Cross Street	City	State	Zip
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Customer

Contact Name	
1st Letter	Customer/Account Name
C	HAPMAN, KAREN

Contact

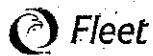
Evening Phone	E-mail
Daytime Phone <i>Home</i> (203) 768-8649	kinko's

kinko's®

October 2003

Edwards & Angell LLP

Three Stamford Plaza 301 Tesser Boulevard Stamford, CT 06901



www.fleet.com

52-36/112

No. 951532

CHECK DATE

CHECK NO.

September 20, 2004

951532

CHECK AMOUNT

TWO HUNDRED THIRTY AND 81/100 DOLLARS

\$***230.81

PAY TO
ORDER
OF

Karen J. Chapman

[Signature]

Stamford Main Account
Two Signatures Required For Amounts Exceeding \$2000.00
VOID IF 180 DAYS OR OLDER

MP
SAFEGUARD SECURE
SAFEGUARD SECURE

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE. RED IMAGE DISAPPEARS WITH HEAT.

951532 01120036593550 27633

Edwards & Angell LLP

Stamford Main Account

NUMBER

951532

2512

Karen J. Chapman

Invoice No.	Invoice Date	Description	Invoice Amount	Discount	Payment Amount
091904KJC	9/19/2004	for mileage, meal and Court exhibits color boards for trial preparation 9/19/04/M. Orce	\$230.81	\$0.00	\$230.81
Check Total					230.81

951532